

Historic Preservation Fund

CLG GRANT-IN-AID APPLICATION



☐ **CATEGORY 1**

☐ **CATEGORY 2**

1. NAME OF APPLICANT: _____

Street _____

City/Town _____ State _____ Zip Code _____

Project Administrator Name _____ Title _____

Chief Financial Officer Name _____ Title _____

Telephone Number () _____

2. CERTIFICATION:

I certify that the information presented in this application is true and accurate.

Street _____

City/Town _____ State _____ Zip Code _____

Authorized Signature _____

Name _____ Title _____

Print or Type

Telephone Number (If different from above) () _____

3. PROJECT TITLE: _____

4. PROJECT IMPACT:

☐ Local

☐ County

☐ State

☐ National

Other (explain) _____

5. TYPE OF PROJECT: _____

☐ Survey

☐ Planning

☐ National Register

☐ Review & Compliance

Other (explain) _____

6.

ITEMIZED PROJECT BUDGET:

TOTAL PROJECT BUDGET

ADMINISTRATIVE COST

\$ _____

Legal Notices (RFP) \$ _____

Other - Explain: _____ \$ _____

Subtotal Administrative Cost \$ _____

EXPENDABLE OFFICE SUPPLIES

Film/Photo Processing \$ _____

Photo Copying \$ _____

Printing _____ # of Pages _____ # of copies \$ _____

Other - Explain: _____ \$ _____

Subtotal Office Supplies \$ _____

LUMP-SUM CONTRACTS

Qualified Historian/Architectural Historian/Historic Architect \$ _____

Qualified Archeologist \$ _____

NJ Licensed Architect \$ _____

NJ Licensed Planner \$ _____

NJ Licensed Engineer \$ _____

Legal Services \$ _____

Honoraria \$ _____

Facility Rental \$ _____

Other - Explain: _____ \$ _____

SUBTOTAL CONTRACTS \$ _____

GRAND TOTAL \$ _____

TOTAL GRANT AMOUNT REQUESTED \$ _____

7.

BUDGET JUSTIFICATION:

8.

PROJECT SELECTION CRITERIA

9.

DETAILED PROJECT DESCRIPTION:

10. LIST AND DESCRIPTION OF FINAL PRODUCTS:

11. PROJECT SCHEDULE:

12. INSTRUCTIONS FOR CERTIFICATION DI-FORM 1954:

- 1.** By signing and submitting this proposal, the prospective lower-tier participant is providing the certification set out below.
- 2.** The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower-tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3.** The prospective lower-tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower-tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4.** The terms “covered transaction,” “debarred,” “suspended,” “ineligible,” “lower-tier covered transaction,” “participant,” “person,” “primary covered transaction,” “principal,” “proposal,” and “voluntarily excluded,” as used in this clause, have meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5.** The prospective lower-tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6.** The prospective lower-tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.
- 7.** A participant in a covered transaction may rely upon a certification of a prospective participant in a lower-tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (Tel. #).
- 8.** Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9.** Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower-tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION**

LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 43 CFR Part 12, Section 12. 510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211). Copies of the regulations are included in the proposal package. For further assistance in obtaining a copy of the regulations, contact the U. S. Department of the Interior, Acquisition and Assistance Division, Office of Acquisition and Property Management, 18th and C Streets, N. W. , Washington, D. C. 20240.

(BEFORE COMPLETING, READ THE INSTRUCTION FOR CERTIFICATION)

1. The prospective lower-tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower-tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

By _____
Authorized Signature / Title

Date

13. ASSURANCES:

In consideration of and for the purpose of obtaining a grant from the Department of the Interior, National Park Service, through the New Jersey Department of Environmental Protection, Division of Parks and Forestry, Historic Preservation Office, _____ (hereinafter called "Applicant") hereby agrees that it will comply with the following:

- A.** Grants will be administered in conformance with all applicable federal and state laws, regulation, policies, requirements and guidelines, including 43 CFR 12, OMB Circular A-102, policies and procedures of the Historic Preservation Grant-in-Aid Program, and civil rights (Title VI of 1964 Civil Right Act); nondiscrimination on the basis of handicap (Sec. 504 of the Rehabilitation Act of 1973); equal employment opportunity and labor law requirements of federal grants;
- B.** Procurement actions will be conducted in a manner that provides for maximum open and free competition in compliance with program requirements, including 43 CFR 12, and OMB Circular A-102;
- C.** Adequate financial resources will be available for performance (including necessary experience, organization, technical qualifications and facilities) to complete the proposed project of a firm commitment, arrangement for ability to obtain such will be made;
- D.** All costs charged to the grant project will be in payment of an approved budget item during the project period and conform to the cost principles of OMB Circular A-87;
- E.** An adequate financial management system (and audit procedure when deemed applicable) will be maintained which provides efficient and effective accountability and control of all property, funds and assets;
- F.** Matching share will not consist of funds from the Federal Government under another assistance agreement unless authorized;
- G.** Applicant will comply with required completion schedule for project.

The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this his Assurance, and that the United States shall reserve the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees; the person or persons whose signature appears below (is) are authorized to sign this Assurance on behalf of the Applicant.

Name of Applicant

By _____
Authorized Signature / Title

Date

**U. S. DEPARTMENT OF THE INTERIOR
ASSURANCE OF COMPLIANCE
(TITLE VI, CIVIL RIGHTS ACT OF 1964)**

_____ (hereinafter called "Applicant")

Hereby Agrees That It will comply with Title VI of the Civil Rights Act of 1964 (P. L. 88-352) and all requirements imposed by or pursuant to the Department of the Interior Regulation (43 CFR 17) issued pursuant to that title, to the end that, in accordance with Title VI of the Act and the Regulation, no person in the United States shall, on the ground of race, color or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives financial assistance from the Department of the Interior (NPS) and Hereby Gives Assurance that will immediately take any measures to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department of the Interior (NPS). This assurance obligates the Applicant, or in the case of any transfer of such property, any transferee for the period during which the real property or structure is used for a purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance obligates the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance obligates the Applicant for the period during which the Federal financial assistance is extended to it by the Department of the Interior (NPS).

This Assurance is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property discounts or other Federal financial assistance extended after the date hereof to the Applicant by the bureau or office, including installment payments after such date on account of arrangements for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall reserve the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signature appears below (is) are authorized to sign this Assurance on behalf of the Applicant.

Name of Applicant

By _____
Authorized Signature / Title

Date

APPLICANTS MAILING ADDRESS:

15. ADDENDUM DI FORM 1350

**U. S. DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
CIVIL RIGHTS ASSURANCE OF COMPLIANCE**

Name of Applicant

ALSO AGREES to comply with the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975 and all requirements imposed by or pursuant to these titles, to the end that, no person in the United States shall, on the grounds of age or handicap be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives financial assistance from the National Park Service and hereby gives assurance that it will immediately take any measures to effectuate this agreement.

Name of Applicant

By

Authorized Signature / Title

Date

APPLICANTS MAILING ADDRESS:

16. STATEMENT OF ADEQUACY OF ACCOUNTING SYSTEM:

If applicant is a governmental agency, complete Section A. If applicant is a non-government agency complete Section B.

Section A: Governmental Agency

I am the _____ of Title of _____ and,

Chief Financial Officer

Name of Applicant

in this capacity, I will be responsible for establishing and maintaining the financial statements for

Title of Proposed Contract/Grant

The accounting system that will be established and maintained for the purpose of this proposed contract/grant will be adequate to:

1. Provide for accurate identification of the receipts and expenditures of New Jersey State Department of Environmental Protection funds by approved budget cost categories;
2. Provide for documentation supporting each book entry, filed in such a way that it can be easily located;
3. Provide accurate and current financial reporting information;
4. Be integrated with a strong system of internal controls and;
5. Will conform to any and all requirements or guidelines that New Jersey Department of Environmental Protection may issue.

Signature of Chief Financial Officer

Name of Chief Financial Officer (Print or Type)

Date

17. CHECKLIST FOR A COMPLETE APPLICATION:

The checklist for a complete grant application package is provided below:

- ☐ Completed Application Cover Sheet, Items 1-5.
- ☐ Completed Itemized Project Budget, Item 6.
- ☐ Complete Budget Justification, Item 7.
- ☐ Project Selection Criteria, Item 8.
- ☐ Project Description, Item 9.
- ☐ List of Final Products, Item 10.
- ☐ Project Schedule, Item 11.
- ☐ DI-1954, Lower Tier Covered Transactions, Item 12.
- ☐ Assurances, Item 13.
- ☐ DI-1350, Assurance of Compliance, Item 14.
- ☐ DI-1350, Addendum, Item 15.
- ☐ Statement of Adequacy of Accounting System, Item 16.
- ☐ Completed, signed, dated and witnessed Governing Body Resolution (original or certified copy) with raised seal, in the approved format presented in Appendix E.